

208 000097761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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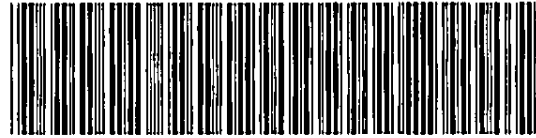
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Roberston Farms, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brandon S. Craig, Esq.

\_\_\_\_\_  
Name of Person

Ables & Craig, P.A.

\_\_\_\_\_  
Firm/Company

551 S. Commerce Ave.

\_\_\_\_\_  
Address

Sebring, FL 33870

\_\_\_\_\_  
City/State and Zip Code

info@heartlandfloridalaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon S. Craig

863

385-0112

at (

\_\_\_\_\_  
Name of Person

\_\_\_\_\_)  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Prepared by and return to:  
**Brandon S. Craig, Attorney at Law**  
**ABLES & CRAIG, P.A.**  
551 South Commerce Avenue  
Sebring, FL 33870-3869

### STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: **ROBERTSON FARMS, LLC**

**SECOND:** The Florida Document Number of the limited liability company is: **L08000097761**

**THIRD:** The street address of the limited liability company's principal office is:

**5648 Sweetwater Road, Zolfo Springs, FL 33890**

The mailing address of the limited liability company's principal office is:

**P.O. Box 995, Zolfo Springs, FL 33890**

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute any and all documents or instruments necessary to transfer personal property held or to be titled in the name of the company, whether title is held via bill of sale, registration, or certificate of title.

a. Granted to: **KYNDALL WATERHOUSE**

b. No authority granted to: none

2. May execute any and all documents related to obtaining, managing, or terminating, electric and/or utility service on behalf of Robertson Farms, LLC, or otherwise act for or bind the company.

a. Granted to: **KYNDALL WATERHOUSE**

b. No authority granted to: none

3. May execute any and all documents related to obtaining, managing, or terminating, insurance policies on behalf of Robertson Farms, LLC.

a. Granted to: **KYNDALL WATERHOUSE**

b. No authority granted to: none



Kord Robertson, Manager / Member

Dated: 7-15-21

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SECRETARY OF STATE  
TALLAHASSEE, FL